

2003 Annual Solid Waste Facility Report

Part A: General Information

- Please provide any necessary corrections or additions to the site, owner, and operator information provided below.

1. Facility Information

| | |
|-------------------|----------------------|
| Facility Name: | Street Address: |
| City, State, ZIP: | |
| Telephone Number: | Contact Name, Title: |

2. Owner Information

| | |
|-------------------|----------------------|
| Owner Name: | Street Address: |
| City, State, ZIP: | |
| Telephone Number: | Contact Name, Title: |

3. Operator Information

| | |
|-------------------|----------------------|
| Operator Name: | Street Address: |
| City, State, ZIP: | |
| Telephone Number: | Contact Name, Title: |


- Place an 'X' in front of the correct address to send next year's form: ☐ Owner ☐ Operator

4. Certification

I hereby certify that I have personally examined the foregoing and am familiar with the information contained in this document and all attachments, and that based on my inquiry of those individuals immediately responsible for obtaining this information, I believe that the information is true, accurate and complete. I am fully authorized to make this attestation on behalf of this facility and am aware that there are significant penalties for submitting false information, including possible fines and imprisonment.


| | |
|-------------|--------------------|
| Signature: | Date: |
| Print Name: | Phone Number: |
| Title: | Organization Name: |

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-  Please offer any comments or suggestions to improve this reporting form.


5. Suggestions

Part B: Facility Details

-  Please indicate the operational status of the facility by placing a cross in one box ☒.

1. Operational Status

| | | | |
|--------------------------|---|--------------------------|-------------------------------|
| <input type="checkbox"/> | Operated all of 2003 | <input type="checkbox"/> | Did not accept waste in 2003. |
| <input type="checkbox"/> | Operated only part of 2003, stopped/started accepting waste on / /2003. | | |

-  Please enter the number of days that the facility accepted waste. This is NOT the number of days the facility burned waste.

2. Days of Operation

Number of Days Open to Accept Waste in 2003:

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Part C: 2003 Operations

- Please record the tons of Waste Accepted for disposal for each waste type for each state of origin. Next, sum each waste type into the TOTALS column, then sum that column into the Total Accepted box. For questions about waste types or conversion factors refer to page 4 of the Instructions. Use the area below the table to provide any notes or clarifications.
- Round all amounts to the nearest ton.
 - If the state of origin is not listed or an additional state is needed, fill in the blank column or cross out a state in an unused column and fill in the other state.
 - If the waste type is not listed, use the "Other" line and fill in the name of the waste. If more "Other" lines are needed, cross out an unused waste type and fill in the other waste type name.

1. Waste Accepted

| Waste Type | State of Origin | | | | | | | TOTALS |
|--------------------|-----------------|----|----|----|----|----|----|--------|
| | MA | CT | ME | NH | NY | RI | VT | |
| MSW | | | | | | | | |
| C & D WASTE | | | | | | | | |
| CONTAMINATED SOILS | | | | | | | | |
| SLUDGE (WWTP) | | | | | | | | |
| SLUDGE (WTP) | | | | | | | | |
| WOOD WASTE | | | | | | | | |
| TIRES | | | | | | | | |
| ASBESTOS WASTE | | | | | | | | |
| RECYCLING RESIDUE | | | | | | | | |
| OTHER: | | | | | | | | |
| OTHER: | | | | | | | | |

Total Accepted

Notes:

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- List the municipality(ies) and the tonnage (to the nearest ton) of MSW received under contracts or other formal agreements including the end date of such contracts or agreements. Attach a separate sheet if necessary.

2. Municipal Contract MSW

| Tons | Municipality | State | Disposal Contract End Date |
|------|--------------|-------|----------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

- Please provide the following pre-combustion tonnages (to the nearest ton).
 - Account only for tonnage that crosses the combustion facility's scales.
 - If more than one Disposal Site or Recycler is used for each material, attach a separate sheet listing the Sites/Recyclers and the tons sent to each.

3. Pre-Combustion Handling

| | | | |
|--------------------|--|---------------------------|--|
| Bypass | | Disposal Site Name & Town | |
| Metal Recovery | | Recycler Name & Town | |
| Non-Metal Recovery | | Recycler Name & Town | |

- Please provide the tonnage burned (to the nearest ton).

4. Capacity Utilization

Actual Tonnage Burned in 2003:

- Please provide the following details on residuals/ash management (to the nearest ton).
 - Express ash tonnages as disposed.
 - If more than one Landfill or Recycler is used for each material, attach a separate sheet listing the Landfills/Recyclers and tons sent to each.

5. Post-Combustion Residuals

| | | | |
|-----------------------|--|----------------------|--|
| Metals Recovered* | | Recycler Name & Town | |
| Ash Beneficially Used | | Type of Use | |
| Ash Disposed | | Landfill Name | |
| Total Ash/Residuals | | | |

* Do not include ash entrained in the metals shipped to recyclers that is later return by the recycler for disposal. This ash should be included in Ash Disposed.

Does the Combustion Facility have sufficient ash disposal capacity in accordance with the "Ash Management and Disposal Policy - SWM-7-7/88" ? ☐ Yes ☐ No

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- Please provide the following information on the facility's Material Separation Plan.

6. Material Separation Plan

In accordance with 310 CMR 7.08(2)(i), and the *Material Separation Plan Guidance for Municipal Waste Combustors*, applicable facilities must submit an annual progress report on their efforts to separate mercury from their waste streams. Please attach a separate sheet(s) describing the following:

1. How funds were expended
2. Progress in achieving the goals outlined in the Material Separation Plan, including:
 - Amount of designated material diverted and/or reduced and measurement methodology
 - Access and/or participation rates achieved for each activity
 - Market sectors and service areas targeted
3. Problems encountered
4. Any recommended changes to improve the Plan

Part D: Waste Bans

- Provide the following information on the facility's compliance with waste control regulations in 310 CMR 19.017. If the facility does not dispose of any Municipal Solid Waste (MSW), or does not manage loads from vehicles capable of carrying 5 cubic yards or more of waste, then leave this section blank.

1. Monitoring and Inspections

| | Comprehensive Inspections | Ongoing Waste Stream Monitoring |
|--|---------------------------|---------------------------------|
| Total Number of Loads Inspected | | |
| Total Number of Loads Failing | | |
| Number of Loads Failing Due to Quantities of Items Below: | | |
| CRT's | | |
| White Goods | | |
| Lead Acid Batteries | | |
| Whole Tires | | |
| Bottles and Cans | | |
| Corrugated Cardboard | | |
| Recyclable Paper | | |
| Yard Waste | | |
| Mixed (more than one material) | | |

- In addition to sending letters to haulers and/or generators responsible for delivering failed loads, describe other actions the facility has taken to ensure that unacceptable quantities of restricted materials are not delivered to the facility.

2. Failed Loads

| | |
|---|--|
| <input type="checkbox"/> Charged the hauler a fee | <input type="checkbox"/> Prohibited hauler from bringing waste to facility |
| <input type="checkbox"/> Other (specify): | |

| | | |
|---|---|--|
| Complete and Return this form by February 15, 2004 to: | DEP Boston One Winter St, 8th floor Boston, MA 02108 Attn: Brian Holdridge | If you have questions about this form, please download the detailed Instructions at www.state.ma.us/dep/bwp/dswm/swforms.htm , annual facility reporting, or call Brian Holdridge at (617) 292-5578. |
|---|---|--|